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THE APATHETIC INTEREST IN ALUMNAE ASSOCIATIONS.

If the majority of people were asked their opinion of nurses they would say in the college boy's vernacular, "They're all right!" and so they are.

It is said that you never really know people until you live with them, and that is why I wish to speak, for I have lived with nurses for most of eight years. They deserve all the credit they get and more, for their self-sacrifice, their hard work and the irregular life they have to live in private nursing. So much has been said on this subject that anything I would say might be repetition, but I know all sides, having done both private and institutional work.

But it is from another standpoint I wish to speak, and that is the apathy of the average nurse towards her profession. If you ask nine out of ten nurses if they attend their Alumnae Meetings they tell you with a laugh and great gusto, "No, they never go," and "they really don't care about it," and appear to "glory in their shame." To my great astonishment one graduate—of a prominent school, too, I am sorry to say—wanted to know "What good it did any way." She seemed an intelligent girl, probably more so than myself in many ways, but I feel sure from observation that she was expressing the opinion of dozens and dozens of nurses.

They are "too tired" or "they don't care about it," they want some amusement and so they leave their profession until the last. What a mistaken idea! That very apathy makes them tired, they have no interest to stimulate them.

I have gone to meetings where I have been very tired, but felt better for going. Part of the fatigue of private nursing is lack of congenial companionship. Nice as a patient may be, one has not the interest in her one has in her own friends and who is closer to a nurse than another nurse? I know from experience. I go back from the meetings to my patient better and brighter.

The private nurses tell you that they get "into a rut" and "so out of things," but just let them know that there is to be a paper read at an Alumnae Meeting, though it be by a clever doctor who has taken his valuable time to prepare it and come and read it—and do the nurses come? No, the committee and perhaps half a dozen others appear and the President feels it her duty to apologize to the speaker and explain that the nurses are busy and the usual hackneyed excuse and he, out of politeness, says he understands.

Then an able paper is prepared by some nurse who has specialized in a certain subject and the committee breathes a sigh of relief when they see the usual small number, for they know she does understand—the apathy. Is it any wonder they get in a rut!

And yet these same nurses tell you it is not professional to "do what the

hand finds to do" in a private house, no matter what the circumstances, and they should do nothing but attend to their patient. They should not be considered professional women, they are just money-makers, profiting by the hard work of others. If they really had the professional spirit they would show it in their attitude to their Alma Mater. They take all the benefits gained by the few hard workers of their Alumnae; profit by the Registry; appeal to their Alumnae to raise the fees; ask its protection; yet they cannot be bothered attending its meetings.

We have just had the gratification of seeing that the Graduate Nurses of Ontario are to have State Registration and shall be distinguished by the letters R.N. from Graduates of unauthorized schools. I have not the slightest doubt that the first to use this title and the loudest in proclaiming the honor will be these same nurses who cannot be bothered attending their Alumnae Meetings, but, like the drones in the hive, will feast on the honey of the hardworking bee.

It was said to me by a visitor at a general meeting of nurses that she never saw such a discontented looking lot of women. I immediately tried to look pleasant, but as I looked around I was rather forcibly struck by her remark, though they were not wholly as discontented as disinterested.

Surely this could be remedied. In every college the graduates derive the greatest pleasure from their gatherings and make every effort to keep in touch with their Alma Mater.

Just recently the Alumni Association of Trinity Medical School has been organized, and some of our most prominent and busiest doctors are taking an active part. Surely we are not more busy than the doctors. If an important topic is to be discussed the interest is general and an effort is made on the part of the members to attend the meeting and exchange ideas on the subject.

A prominent business man of Toronto said he could not understand why the nurses were so indifferent to their professional interests. If an appeal were made for a general meeting, out of the large number of women actively engaged in nursing perhaps twenty-five would appear. When the old excuse of a busy life was put forward it struck me as particularly humorous, for this same man is so busy that he has time for everything and everyone as all really busy people have.

Being an active worker for an Alumnae Association I feel justified in speaking as I do, and I am expressing the opinion of many similarly engaged. Committees giving time and effort in getting up entertainments and papers to be met with the gratifying number of perhaps ten members, when there should be three times that number, and the majority of these workers are doing private work and their time is just as limited as the members who take no interest.

This apathy is prevalent everywhere to a greater or less degree. But it is in the individual, for I know one nurse who goes from Toronto to Buffalo to vote at her general Alumnae election, and another who pays her annual fee of five dollars to her Alumnae in Philadelphia though she has been nursing in Toronto for years. Where there is a will a way can be found.

The nurses in Toronto have an opportunity now of showing what they can do, if they rise up and support the beautiful new club-house so generously presented to them by their friend, as well as the children's, Mr. J. Ross Robertson.

Time can be made for Alumnae Meetings, perhaps not all, but many. I close by saying that the success of the nursing profession is due to the untiring efforts of the few. The hangers-on are the drawbacks that keep the profession from advancing. Being "professional" is not nursing for so many dollars a week, but being interested in helping your chosen profession to attain its ideals, which can only be done by the united efforts of all.

(Signed) M. N.

HOSPITAL AFFILIATION IN MANITOBA.

By Dr. D. A. Stewart.

I think for three reasons I may claim a special interest in the subject under discussion. To begin with, I am fortunate in having visited, with one or two exceptions, all the hospitals in the Province. In the second place, two years in the Winnipeg General Hospital has inspired in me a warm filial loyalty toward the good old mother of most of them. In the third place, I am deeply interested in one of the special hospitals of the Province, and in a particular branch of nursing which I think is too much neglected by them all.

I am sure I do not need to emphasize the importance of a gathering such as this. It aims to raise the standard of nursing throughout Manitoba, to have the crying need of nursing care in country as well as city met more adequately, to eliminate fraud, and to give the profession of nursing the place it should occupy among professions. That the standard needs to be raised there can be no doubt; that there is a need for nursing which is not met is brought most strikingly to our notice again and again; that fraud is openly practised in the parading of utterly untrained and most unsuitable persons as nurses is well known to every medical man; and that nursing with its glorious past and most beneficent present, and the wide horizon of its future, deserves a place among the liberal professions will not be disputed, at least in such a gathering as this.

The paramount issue in our deliberations has been, I take it, the good of the people of Manitoba. Any federation of the hospitals in Manitoba would not mean a scramble for advantages, each pitted against the other, but would be more like a university council, charged with a high branch of education. Hospitals are not close corporations with special interests to be jealously guarded, but are philanthropic and educational institutions, built, organized and administered throughout for the greatest possible good to people at large. The directors of an hospital are not the guardians of a guild, but are the trustees, so far as nursing education is concerned, of a sort of university.

Hospitals are built to serve, and the greatest and best hospital is the one most ready, most willing, most efficient in service. It is, in hospitals more blessed to give than to receive. Representatives of hospitals dealing with the matter of registration will, I am sure, be able to lay aside all thought of gain or loss of prestige, and discuss the question on the broad basis of the common good. And the larger the hospital, the more perfect its equipment, the wider its scope, the fuller its course of training, the more it has to contribute, and, I am sure, the more it will be found ready to contribute to a province-wide advance in nursing standards. And I am sure the nurses who are pushing forward the measure for provincial registration are impelled by no selfish desire to guard or

advance their own dignities and rights, but are unselfishly giving of their time and energy to promote large measures for the general good.

The provincial registration of nurses seems to carry with it the need for some degree of affiliation among hospitals. Looked at from the point of view of one particular hospital, small or large, this would seem to be a rather bothersome proposal, requiring much change and readjustment. Readjustment and change will be required, but living organisms are constantly changing and readjusting themselves to their environments, and it is only the dead that lack the power to initiate change. Change, breaking up the old order of things, are the growing pains of institutions.

Faced squarely, the inter-hospital arrangements which would be necessary would demand little or no sacrifice on the part of any hospital, and would likely work out to the good of each, as well as the good of all. If all the hospitals were under the control of one Board, the changes needed would be made as a matter of course. By separate Boards acting in the common interest the same changes could be worked out just as well.

Throughout the Province the hospitals may roughly be divided into four classes:

1. Large hospitals.
2. Hospitals of medium size.
3. Small hospitals.
4. Special hospitals.

If one were considering the training of nurses he needs must say that this has not always had the care bestowed upon it by hospital trustees that not only its importance, but mere justice demands. Nurses do not always, either in small hospitals or large, get advantages anything commensurate to the services they render. A better balance should be kept between what a nurse in training gives and what she gets. The means for her instruction should not be merely incidental, but deliberately and fully provided.

However, leaving this topic without further discussion, it may be taken for granted that, with admitted but constantly lessening defects, the large and the medium hospitals are giving a training that at least would meet the requirements of registration. The special hospitals cannot be considered as a class but must be dealt with separately. There remain the considerable number of smaller hospitals throughout the Province having, say, 40 beds or less, some of which maintain training schools. It would seem necessary that the training given in these should be supplemented by experience in one of the larger hospitals. Such a plan may, at least, form a basis for consideration.

What advantages would such a plan give to the small and large hospitals and to nurses graduating from small and from large hospitals? What does each kind of hospital give to its graduates? I can, of course, take only the doctors' and the observers' point of view. My impression is that the small hospital has much to give its pupil nurses, though it labors under some obvious disadvantages.

The small hospitals can train a nurse in the general methods of caring for patients and enable her to acquire the fundamental principles of this art. Enough nursing work to keep her busy, done under skilled direction, she could

get in a small as in a large institution. In the small hospital she will have from the beginning more responsibility thrown upon her; she is in the early part of her training more a nurse and less a part of a nursing machine; she will be more closely identified with administration and so better prepared for administrative work. She has more kinds of work to do, and so will develop all-round ability. She perhaps learns better to meet emergencies and to think and act for herself. A coasting schooner is a better school for a sailor than an ocean liner, with all its brass buttons. He has all parts of a sailor's work to do, even his trick at the wheel, while the man on the liner may be chiefly stoking or washing decks.

The true spirit of her calling can come to a nurse just as well among the few things of a small hospital as among the many things of a larger one. Indeed, I think I might dare to say it may come to her more surely in the small than in the large. There is less machinery, there are fewer externals, there is closer contact with the patient and with the home and relatives from which he comes than in the large city hospitals with its many wards and departments. There is in the large hospitals a tendency, however slight, for both nurses and doctors to think of "cases" rather than of "persons." The thirty beds of the ward are all drawn up in straight lines, the coverlets are arranged just so, and woe be to the patient who obtrudes an unusual individuality into such a perfect arrangement. A nurse must have a large share of the maternal instinct who can have deep sympathy with, who can "mother," thirty patients at one time. In the small hospitals the patients are fewer. A nurse is not "helping" to care for thirty, but is "caring" for five. It is not too much to affirm that the difference will tend to evolve different types of nurses and that the advantage will not altogether be with the larger hospital.

The nurse trained in the smaller school shows to advantage in the home—in the farm house, for instance. These same isolated farm houses, in their times of trouble, are fields white to the harvest, and the laborers in them are few. Such a nurse is less appalled by the lack of equipment, and takes in better part circumstances just as she finds them. She looks for what there is, instead of complaining about what there is not, and won't let the kettle boil over, even though she be a nurse and not a kitchen maid. The graduate from a larger school shows, as a rule, to better advantage among hospital surroundings, and is naturally more inclined to remain as much as possible in those surroundings.

On the other hand, the disadvantages of a small hospital are apparent. The number of patients is small and the variety of ailments not great. Cases presenting the most interesting phases of diseases are frequently sent to larger hospitals. Opportunities for training in surgical and maternity work are too limited. The visiting physicians are few.

It is at once the strength and weakness of the small hospitals that the training given depends almost wholly upon one person. Where that person is entirely adequate, the relation between teacher and pupil can be, in some respects, perhaps even more advantageous than usually exists in a larger hospital, but where, for one reason or another, the nurse in charge of the hospital is not adapted to her particular work the situation is very unsatisfactory. The apprentice system in medicine developed some of the ablest in that profession, at

its best gave something that the college system lacked, though, on the whole, the college system is undoubtedly better, as the larger hospital is, on the whole, a better school than the smaller. It has been said that a teacher sitting at one end of a log and a pupil at the other is a university. A bed and a patient and a nurse makes an hospital, whether with hundreds of other such beds in a populous city or alone in a hut in a desert.

There need not be much said about what the larger hospital gives and what it does not give to its pupil nurses. It gives them an experience covering a large number of cases, but, of course, the experience gained is never quite in proportion to the number of cases. One hundred typhoid cases do not teach twenty times as much as five, though undoubtedly the larger number gives a better experience of, say, the complications of the disease. Then there is a chance of training along special lines. All nurses cannot become skilled in eye and ear work. All cannot have experience with X-ray. Some may get extra advantages in surgery, some in maternity work, and some in infectious diseases. In a large hospital a nurse has the advantage of variety in her teachers, both in nursing and in more strictly medical matters. She uses the very newest equipment, has an opportunity of seeing unusual and interesting forms of disease and the best methods of treatment. Some of the disadvantages, which are not so apparent, have already been mentioned. There is just the slightest tendency to the development of the machine-made nurse who shows to advantage in hospital surroundings, but not to so great advantage when she leaves them.

What would be gained by affiliation, by an arrangement by which nurses partly trained in smaller hospitals could have also an experience in a larger hospital?

It is easy to see what the nurse in the small hospital would gain.

Having learned much of the science and, more especially, the art of nursing, she would be able to take the fullest advantage of the wider experience that would be open to her in the larger school. She would add to her knowledge of the art a fuller knowledge of the science of nursing.

The directors of a smaller hospital often have their scruples, or should, about the equivalent they can give a nurse in return for three years of valuable work. They could, with good consciences, offer her a two years' training in return for two years' work, and have the satisfaction of striking a much better balance between what they give and what they get.

The chief question may be, What is the advantage, or is there any, to a larger hospital in having nurses after two years in a smaller hospital come up for their final year? There should be a gain, in the first place, in that the larger hospitals would thus draw its nurses from a wider source. Each hospital throughout the country makes its special appeal to a separate circle of young women looking for a vocation. The larger hospitals would thus, through the smaller hospitals, draw from new sources excellent material out of which nurses might be made, or, rather, draw nurses already made. To express it differently, the larger hospitals would be universities, to which nurses drilled in the smaller schools would be sent for their final year, the larger hospitals having thus a graduating class made up of their own and nurses from other schools.

I do not think it is drawing the matter too fine to say that the larger hospitals would gain noticeably from the all-round capacity of nurses from the smaller hospitals, from their knowledge of conditions, and from their well-developed attitude of personal interest toward patients.

Now, when all the advantages of the smaller are added to all the advantages of the larger hospitals, is the education of nurses so complete that nothing is left to wish for? I think it will be easily seen that no standard of excellence remains long fixed for such a rapidly-developing line of work as this is. Modern nursing is scarcely more than a generation old, and has not yet quite found itself among the professions. Its horizon of ten years ago is its trodden pathway of to-day, and beyond is a new and alluring horizon. For one thing, the nurse has become a social worker. She not only gives care to the sick, she labors to prevent sickness, and even deals at first hand with the social conditions out of which sickness develops. She is employed in health department work, is an inspector of school children, instructs mothers as to how to care for their children, and is much employed as a teacher of hygiene. She is in the van of such movements as that to stamp out tuberculosis; indeed, her sphere is ever widening. No nurse is adequately trained who has not had an opportunity to at least know the various lines of usefulness which may be grouped as social service. It has been a very great advantage in many ways to the Winnipeg General Hospital to have had affiliation with the Margaret Scott Nursing Mission, and also to have had its own most efficient social service work.

The affiliation of the General Hospital with the Margaret Scott Nursing Mission was thought to be chiefly a means of helping the Nursing Mission. It has resulted in helping both the Mission and the Hospital. This serves to illustrate the advantage that even a large and well-equipped hospital may derive from affiliation with a special or smaller institution.

Much has already been said of special lines of work and the advantages regular hospitals would derive through affiliation with special hospitals. I am determined not to lose the opportunity to speak plainly of one very great need all our nurses have—that is, the need of an opportunity to learn something with regard to Tuberculosis, its care and cure.

Does it not seem strange that a nurse should be considered trained and experienced and equipped for her work when she has learned practically nothing about a disease that is fatal to at least one-tenth of all people, and that lies latent in half the human race? Yet, it is true that trained nurses—yes, and well-trained nurses—are, as a class, woefully ignorant about everything relating to this the greatest disease scourge of the race. I really consider that the ignorance of some graduate nurses, some even the best of them, with regard to Tuberculosis is, almost, if not quite, as dense as that of the average ordinary person. And it is much more dangerous. The anti-tuberculosis warfare is on; the public is being moved to thought and action, and, like the great blind mass it is, very often to wrong thought and wrong action. There is a real danger that the new unreasoning and ignorant fear of Tuberculosis may do as great harm as the old ignorant apathy has done. But, for good or for ill, the public is aroused. Nurses, as natural leaders in health matters and experts regarding sickness, are con-

stantly appealed to with regard to Tuberculosis. It is often the blind leading the blind. They both fall into the ditch. Many graduate nurses know just about as much as their old grannies did about Tuberculosis—neither more nor less. But their responsibility is greater.

There is a reason and an excuse for this ignorance. Whether rightly or wrongly, but certainly not necessarily, all general hospitals try to exclude cases of pulmonary tuberculosis. They do not, of course, exclude surgical tubercular cases, for that would mean the exclusion of many cases brought to the hospital. But the most common of all serious diseases, Pulmonary Tuberculosis, is either excluded or, when it slips past the guard, is treated without proper facilities, wrongly. Therefore, in the whole regular course of her training a nurse has no chance to learn about Tuberculosis.

A nurse may say that she need have no particular knowledge of eye and ear cases, or that surgical work does not appeal to her, and that she will accept only medical cases; she may resolve to refuse maternity cases and think herself excusable for being ignorant with regard to obstetrical work. But no nurse, in nursing work along any line, can afford to be ignorant with regard to Tuberculosis. If she follows surgery it is there. If she undertakes social service, she finds it alike a great cause and great effect of social ills. If she would care only for children and their diseases, she must remember that half the school children the world over have a tubercular taint. If she would fly for refuge to maternity work, she must be told that this means caring for women at a time when, more almost than any other, the grim shadow hangs over them. Half the patients she will be called upon to nurse have latent or active Tuberculosis; and it is the duty of every nurse, nursing in any illness, to stand guard at such a time of lowered resistance against this silent and relentless enemy.

It would seem to be very desirable that nurses should learn as much as possible with regard to Tuberculosis. But their very lack of knowledge keeps them from wishing to learn. The first thing a nurse should know about it is that the care of comparatively early cases in a special institution is attended by not the slightest danger, and is an exceedingly attractive line of work, that there is no case on record of infection at a sanatorium, and that even the infectivity of the disease anywhere has been exaggerated. A second thing to learn is that such an institution as a sanatorium is not a pest house for the protection of the public, but rather a school. It is not a gateway to Death, but a gate to Life. I consider that this matter of nurses' knowledge of Tuberculosis is a very important one, as, speaking soberly, I would express the opinion that, apart from the indifference, or worse, of medical men, the greatest single obstacle to the overcoming of the disease is the ignorance of nurses.

I would like to see this ignorance at least modified by the formal or informal affiliation of some hospitals with the sanatorium at Ninette—some such affiliation as the Winnipeg General Hospital has with the Margaret Scott Nursing Mission at the present time. We at the sanatorium would be glad to receive undergraduates from hospitals throughout the Province who would come for a stay of, say, two months, or more, or even less. We would hope not only to thus teach a few, but to send them back to influence somewhat the members of their classes who could not come. Those who know anything about sanatorium

work know that this would be regarded as possibly the most attractive part of the nurses' whole course, and might serve as a needed holiday for some who were a little under par and who needed to recuperate. I may say that the sanatorium is now, or at any time, willing to enter into such affiliation. For my own part, I think I would rather help in the training of a dozen nurses in this way than in restoring to health three or four times that number of sick people. I am convinced that the good accomplished would be greater.—*Nurses' Alumnae Journal, Winnipeg General Hospital.*

REGISTRATION IN SASKATCHEWAN.

At the meeting of the Graduate Nurses' Association in Regina, Miss Grace Cooper, a registered nurse of New York, and Lady Superintendent of the Indian Head Hospital, outlined the proposed "Bill of Registration for Saskatchewan," with comments upon it. The following is her paper:—

WHO MAY PRACTICE AS REGISTERED NURSES.

Any resident of the Province of Saskatchewan being over the age of twenty-one years and of a good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least three years, and registered by the Department of Education as maintaining in this and other respects proper standards, all of which shall be determined by a board appointed by the said Department of Education who shall have received from the said department a certificate of her qualifications to practice as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title or use the abbreviation R. N., or any other words, letters or figures to indicate that the person using the same is such a registered nurse.

BOARD OF EXAMINERS; EXAMINATION FEES.

Upon the taking effect of this Act the Saskatchewan Graduate Nurses' Association shall nominate for examiners five of their members who have had not less than five years' experience in their profession, and at each thereafter two of their candidates. The Department of Education of Saskatchewan shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years and one for five years. Upon the expiration of the term of office of any examiner the said department shall likewise fill the vacancy for a term of five years and until her successor is chosen. An unexpired term of an examiner, caused by death, resignation or otherwise, shall be filled by the department in the same manner as an original appointment is made. The said department with the advice of the board of examiners above provided for shall make rules for the examinations of nurses applying for certification under this Act, and shall charge for examination and certification a fee of \$5 to meet the actual expenses, and shall report annually their receipts and expenditures of the provincial comptroller, and pay the balance of receipts over expenditure to the provincial treasurer. The said department may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practice as a registered nurse after such certificate is revoked.

Two examinations are to be held annually at such time and places as pre-

scribed by the department for examination in other professions. Application must be made at least ten days in advance to the department.

Applicants for examination must be residents of the province and graduates of registered training schools. The examination to include both a practical demonstration and a written test which includes questions on the following:—1, elementary bacteriology; 2, elementary materia medica; 3, elementary anatomy and physiology; 4, diet cooking; 5, medical nursing, including gynecology; 7, obstetrical nursing; 8, nursing in children's diseases.

WAIVER OF EXAMINATIONS.

The Department of Education of the Province of Saskatchewan may upon the recommendation of said board of examiners waive the examination of any persons possessing the qualifications mentioned in section 1 who shall have been graduated before, or who are in training at the time of the passage of this Act, and shall hereafter be graduated, who shall apply in writing for such certificate within three years after the passage of this Act.

The board shall have power to register in like manner without examination any person who has been registered as a professional nurse in another province under laws which in the opinion of the board maintain a standard substantially similar to that of this Act.

VIOLATIONS OF THIS ARTICLE.

Whoever becomes registered, or attempts to become registered, or whoever practices or attempts to practice, as a registered nurse under a false or assumed name, shall for each offence be punished by a fine of not less than a hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.—*The Leader*.

SEPTIC SORE THROAT.

Within the past year certain American cities have been visited by serious epidemics of tonsillitis or "septic sore throat," the cause of which has been traced directly to the milk supply.

The first notable outbreak occurred in Boston in May, 1911. Many hundreds of cases developed within a short time in the district known as "Back Bay," and in some of the neighboring suburban towns. Sufferers were mostly adults and old people, while sequelae showing coccus infection, as pneumonia and peritonitis, sent the number of deaths resulting into the hundreds. Investigation by the Board of Health brought out the fact that the first cases reported, and almost all families in the districts affected were using milk from what has long been considered the finest dairy in Massachusetts.

Belief in strict supervision of the health of the herd, modern methods and equipment seemed to warrant the price demanded; so that a surprised community wondered where it should turn when this much lauded "farm" had been found wanting..

It was later explained that although the fancy "farm" had sold milk at a fancy price, not all the milk was from their own dairy, but came from ordinary places in the neighborhood whose aseptic methods had been less advertized. When in February, 1912, another outbreak occurred among customers of the same firm, two hundred odd cases being reported within a few weeks, all

milk was immediately pastuerized at 145 degrees F. for twenty-five minutes; with this the epidemic ceased.

No unpasteurized milk will now be furnished without a special order.

Chicago has had a like experience, the trouble continuing from December to March.

Baltimore reported several hundred cases in February, the type of the disease affecting young children most severely. In these cities also, the infection was traced to a dairy.

We were long ago told to beware of milk as a possible source of typhoid infection, and in spite of the great "Koch" we have feared the tuberculosis cow, but of late years our first, and what must often be our only standby as nourishment, seems to be blamed for a good share of our "thousand ills."

If the gentle cow could only tell of her dirty and often diseased milkers; of freshly drawn milk left uncovered in unventilated stables to absorb odors and the floating particles of cotton waste, the refuse of factories used for bedding, which escape the ordinary strainer and add to the specific gravity.

For milk conditions like these we must seek the Jonah. Therefore, the need of an Inspector who will inspect and take nothing for granted, using unremitting vigilance in a duty where omission may sacrifice the public health.

HELP FOR STAMMERERS.

At the suggestion of Superintendent Brooks of the Boston School Board, Professor O. H. Ennis, of New York, recently started classes for the cure of stammering. One hundred and forty children presented themselves at one school house. Professor Ennis explained the position of the throat and tongue in pronouncing the various vowels and consonants, and the way in which the difficulty in pronounciation could be overcome. Many of the most confirmed stammerers repeated words readily after Professor Ennis had pronounced them. Four to ten lessons will, it is claimed, cure the most obstinate case.

THE UNCUDDLED BABY.

My mother is sensible, that's what they say,
She's bringing me up in a practical way;
But though I am sure it's the very best style,
I wish she would cuddle me once in a while.

For all by myself in my crib I must lie,
I just get so lonesome, I cry and I cry;
"It's good for his lungs," mother says with a smile,
I wish she would cuddle me once in a while.

A child is a problem, that's what the folks say,
I'm being brought up in a sensible way;
Of course mother knows what's the very best style—
I wish, though, she'd cuddle me once in a while.

E. D. Y.,

Nurses' Journal of the Pacific Coast.

THE TORONTO GRADUATE NURSES' CLUB.

Another forward move towards improving the social condition of the lives of those who follow the nursing profession in the city was made on the evening of May 6th, when the new club-house of the Toronto Graduate Nurses, at 295 Sherbourne street, was formally opened under happy auspices. The ceremonies were of a simple character, followed by a reception which was quite a social event in itself, being attended by upwards of three hundred ladies and gentlemen. Nurses, of course, predominated, but many of the most prominent men in the medical profession and their ladies were present.

The new club-house, which has been charmingly decorated and furnished throughout with mission furniture, is the gift of Mr. John Ross Robertson to the nurses of Toronto. In a modest address Mr. Robertson said that when he first took up hospital work, thirty years ago, he cherished the thought that he might some day do something to promote the comfort and happiness of those ladies who followed the profession. Men enjoyed the social life at their clubs, and he saw no reason why nurses should not do the same thing. The Hospital for Sick Children had claimed the most of his attention, and, thanks to the hearty assistance of his co-workers, great results had been achieved. He had succeeded in providing a residence for the nurses of that institution, and at last, in providing a similar home for all the nurses of Toronto.

Mrs. A. H. Paffard, President of the Club, thanked Mr. Robertson on behalf of the members for the generous gift. She called attention to the great part Mrs. Robertson had taken in the furnishing of the club-house and the excellent taste she had displayed. The club would be the home and meeting place of all engaged in the profession. The registry office would be open day and night, so that anyone needing the services of a nurse had only to ring up and would receive immediate attention.

The new home is replete with every convenience for the comfort of the nurses. In addition to the reception, reading, dining and office rooms, some bedrooms have been provided for the use of transient nurses. A large room is available for meetings and social entertainments. The whole has been furnished in mission style, which gives it a cheerful and cosy effect. Miss Annie Robinson is the Superintendent in charge.

The Club desires to enlist every nurse in Toronto as a member. It should be added that this Club is the first of its kind in Canada, and in point of equipment and comfort will bear comparison with any similar institution on the continent.—*Mail and Empire*.

La Garde-Malade Hospitalière claims that the system of nursing originated by Florence Nightingale is the only right system, and adds: To abandon nurse pupils to medical practitioners for their instruction makes pseudo-doctors of them, and if they are given over entirely to the will of the administration, servants are made of them. Only under the system of Florence Nightingale is it possible to avoid this double danger, and to teach them their own special work—true nursing.

THE SCHOOL NURSE.

The regular monthly meeting of "The Public School Nurses' Association" was held on the afternoon of April first at the "Brown Betty Tea Rooms," King street, Toronto. After the regular business was disposed of, final arrangements were made for the nurses' annual "At Home," to be held in the Temple Building, on April 19th.

The School Nurse's position enables her to observe, as perhaps no one else can, the advance mentally as well as physically, of the child who has been a sufferer from enlarged tonsils and adenoids and has had them removed.

One case that came under observation lately was that of a boy, Albert, aged nine, a member of a family of six children. Albert was a typical mouth breather, the result of enlarged tonsils and adenoids. After many home visits the parents consented to have the boy's throat operated on at one of the city clinics.

During Christmas week a seventh child was added to the family, and before it was two weeks old one of the children developed diphtheria. She was taken to the Hospital, but the disease attacked one after the other of the children till all but Albert and the infant were ill, three cases proving fatal.

On the nurse's first visit to the house after quarantine was lifted, the poor mother, in telling her pathetic story, said she felt quite sure the only thing that had prevented Albert from contracting the disease was the fact that his throat had been attended to the previous Fall.

Regina, Sask.—The Outdoor Department of the General Hospital has been opened, and children suffering from adenoids, enlarged tonsils, defective eyesight, etc., can be treated free of charge.

Vancouver, B.C.—During April, 12 children with defective vision were fitted with glasses, 14 had tonsils and adenoids removed, and 169 had treatment for defective teeth.

Two nurses are taking a course in School Nursing—Miss Burritt, Graduate of Seattle General Hospital, and Mrs. Ray, Graduate of Clifton Springs Sanitarium.

One case of defective vision, a boy of fourteen, was particularly interesting. He had attended school for seven years and could not tell one letter from another. He became a member of our auxiliary class for mentally defective children. The teacher watched him carefully and finally concluded that part of his trouble at least was his eyes. It was found, on examination, that he had a high degree of myopia. He was fitted with glasses, and in ten days knew the different letters, and now knows a number of words. We are confident he will yet be able to read, though still mentally deficient. His improvement has been wonderful.—E. R.

The regular monthly meeting of the Public School Nurses' Association was held at the "Brown Betty Tea Rooms," King street, Toronto, on the afternoon of May 6th. The President, Miss Rogers, presided.

In view of the fact that the June meeting will be the last before vacation, it was decided that the meeting take the form of a picnic. A committee has charge of the arrangements.

In West Toronto arrangements have been made which makes the long trip to the Hospital for Sick Children for nose and throat operations unnecessary.

Drs. Perfect, Clendennan, Matheson and Gilmore were very willing to help in this laudable work. The next thing was a place where such operations could be performed, and here Miss Englehart, Superintendent of the Private Hospital on St. John's road, came to our assistance.

She is one of those nurses who is in the profession not for the money she can make out of it, but for the good she can bring to suffering humanity. For the paltry sum of 50 cents each, to cover laundry expenses, she put her operating room, the ward adjoining it, and the services of her nurses at our disposal. Seven cases received attention at this new clinic on April 24th and six more on May 4th.

So far all the parents have been able to pay the stipulated fifty cents, but in cases where even that is too much other aid is forthcoming. In some cases they are allowed to give as they are able, and they think it so great a boon that they are glad to do so.

We hope that the work will go on and that it will be always blessed with good results, and we can only express our great gratitude to those kind hearts who have helped us on the way.—A. M. R.

Miss Edith Macallum, School Nurse, in East End Schools, Toronto, gave a talk to the mothers of St. John's Parish, Norway, on the work in her district, particularly with regard to the mother's relation to medical inspection. The talk aroused much interest among the mothers, as shown by the number of intelligent questions asked the nurse. This was an exceedingly profitable hour, for the sympathetic co-operation of the mothers was secured which will make possible more effective and intelligent work. Miss Macallum has had splendid results in her district, which only comes through faithful service.

The British Journal of Nursing gives the following synopsis of a lecture to the League of School Nurses in London by Dr. Shrubsall on "Temperaments of Children":—

"The lecturer divided the temperaments of children into three categories, viz., the unemotional, the unrestrained emotional, and the restrained emotional.

"He summed up the unemotional child as uninteresting; little trouble as an infant, perfectly placid, sleeps at night, eats everything, never brilliant at school, generally liked because very little trouble.

"The unrestrained emotional was, on the other hand, extremely interesting. The fits of passion, or so-called 'brain-storms,' sometimes verged on epilepsy. This temperament runs in families—such a child not entirely responsible, often good at something, sometimes a genius.

"The more important temperament to deal with was the restrained emotional. A child of this temperament was often considered sulky when probably it was only intensely shy. Such a child is very conscientious, and can be overworked. Symptoms of restlessness, making grimaces, sleep-walking, talking in sleep should be noted and steps taken to find the cause. One should not neglect the parents' statement of any of these symptoms. One had to eliminate all possibilities of affection of the eyes, teeth, etc., being the cause, and it was important to know all about the home conditions.

"The cinematograph was a new factor to deal with. It was found that 90 per cent. of children go to see the pictures once a week.

"This involved a lot of eye-strain, and the topics were exciting.

"Dr. Shrubsall spoke of how much one would expect a child to know at a certain age. He said it was difficult; there was such a wide range of possibility.

"It was important to remember in dealing with children in elementary schools that in a great number of their homes there was no refining influence. The children often were not talked to except to be told to get out of the way, and one could not expect the same intelligence as from children with a good home influence; their intelligence was of a different kind."

CORRESPONDENCE.

Dear Editor,—The newspapers of the smaller towns throughout the country are frequently solicited to insert reading advertisements for the Philadelphia School for Nurses, located at 2219 Chestnut street, Philadelphia, and as it poses as a beneficent and charitable institution, these advertisements are inserted free of charge.

The Visitor of the Pennsylvania State Board of Charities in a report states: "Nothing to be seen worth reporting. No indication of lessons or instruction. Your Visitor cannot commend this institution"; and in a letter says: "This last, places this institution under the head of those we condemn absolutely in our printed report."

It is advisable that the public should know that the young women who enter this school as pupils are sent out after having had the most meagre instruction from incompetent instructors, to nurse in private families for money, 80 per cent. of which is returned to the school treasury. They receive no bedside instruction nor are they under the direction of skilled and competent teachers.

The Chief of the Bureau of Health in his report to the Director of Health and Charities of the City of Philadelphia, says: "I feel that it is an imposition on the public to allow this class of nurses to practice their profession, as the following circumstances connected with these cases of typhoid fever prove conclusively to my mind that these nurses are not properly trained to be intrusted with the noble work of nursing the sick."

The graduates of this school are not accepted by the American National Red Cross Society, nor the Nursing Corps of the Army and Navy; they are not admitted to the Directory for Nurses connected with the College of Physicians, Philadelphia, nor are they recognized by the Pennsylvania State Board of Examiners for Registration of Nurses.

I have given you this information for the reason that poor and ambitious young women, attracted by the advantages set forth in the free advertisements inserted in the newspapers all over the country, with great effort travel long distances to attend this school, in the hope of becoming trained nurses, only to find after entering that they are giving their time and work to an institution which does not educate and equip them for the profession of nursing.

In the interest of these young woman of your locality I would ask that you give this statement as much publicity as possible.

Respectfully yours,

WILLIAM S. HIGBEE, M.D.,

President of the Pennsylvania State Board of Examiners for Registration of Nurses.

Editorial

CRITICISMS THAT ARE HELPFUL.

Criticism that has for its object the improvement of the thing criticized is always commendable and helpful.

"The Canadian Nurse" has repeatedly, in the course of its life, asked for criticisms and suggestions from the nurses with the view to improvement. Many times helpful suggestions and criticisms have been given. Sometimes they have been withheld with the result that misunderstanding has grown into discontent, and interest in the magazine has been allowed to die. This is to be deplored. A question or two could so easily have cleared away the difficulty.

Our thanks go out to those Associations who have given expression to their difficulties and thus have made an explanation possible.

One asks—"Why are the items sent by our correspondent not published? If too late for one issue, can they not be kept till the next?" This is exactly what is done, but the items in this case were not received. The next step is clear—find out why they have not been received.

Be sure all communications intended for the Editor are properly addressed. This is sometimes overlooked.

Another asks—"Why are the items sent about the middle of April not in the April number?" This, of course, is impossible. All material for any number must be in the Editor's hands the first week of the previous month, i.e., material for June issue must be in hand first week in May.

It may be that other Associations are wanting to ask some questions. We will welcome any such, for "The Canadian Nurse" does not want to lose any of its friends through misunderstanding.

REGISTRATION OF NURSES.

Since a law authorizing the State Registration of Nurses has been placed on the Statutes of Ontario, the question of the necessary qualifications of the nurse becomes of paramount importance.

Heretofore any and all Hospitals might conduct Training Schools for Nurses without any supervision or any interference, and grant diplomas to all graduates. These diplomas varied greatly, as was, of course, inevitable. So often a hospital conducts a Training School for purely commercial reasons, the education given the nurse being entirely secondary.

The new Act allows only nurses graduating from hospitals receiving aid under the Hospital Act to register as duly qualified nurses. The regulations which are under consideration will bring about uniformity in teaching and examination. Hospitals where all branches of nursing cannot be taught will enable their pupils to get a full course by affiliation with hospitals where the required branches are taught. Thus a standard will be set and only nurses who can measure up to this standard will have their names enrolled on the Register.

Then it is obvious that women who are thinking of entering the nursing profession should make very careful choice of a Training School. No woman

wants to find that at the end of a strenuous three years she is not eligible for registration. Unfortunately, some have found themselves in just this predicament.

Can something not be done to give these women the information they need to enable them to choose wisely? Here lies work for Provincial Associations, or, in fact, for any Association of Graduate Nurses.

Apropos of the question of choosing a Training School comes a letter from Dr. W. S. Higbee, President of the Pennsylvania State Board of Examiners for State Registration of Nurses, re the Philadelphia School for Nurses, located at 2219 Chestnut street, Philadelphia. The letter appears under "Correspondence" and should be read by every nurse who, in her turn, should pass on the knowledge to intending students. As "this school has drawn a number of its students from Canada, through free advertising granted it by the Canadian papers," we are very grateful to Dr. Higbee for the information furnished.

This letter emphasizes the point we tried to make—the need of disseminating information that will enable young women to make wise choice of a training school in which to be educated for their life work.

Dr. Stewart's paper on "Hospital Affiliation in Manitoba," given in the *Nurses' Alumnae Journal* of Winnipeg General Hospital, is most opportune, for in most of the Provinces of Canada the nurses are organized and are working for State Registration. Closely allied with State Registration of Nurses is the question of Hospital Affiliation. Some scheme must be evolved by which nurses may have a complete training in all branches of nursing in the three years.

Dr. Stewart's paper, which we reproduce in full, will be read with interest by all who are giving thoughtful attention to this subject.

TRAINING SCHOOLS OF CANADA.

The suggestion was made some time ago by a member of the Canadian Nurse Editorial Board that some space be given to information re the Hospitals and Training Schools of Canada for the benefit of intending students. The Directors, thinking the suggestion a good one, prepared a form to secure the desired information. Copies were sent to the Secretaries of the different Provincial Associations, who were asked to secure full information from each Province. So far only two Provinces have sent complete lists. We will be glad to have all forms filled in and returned as soon as possible. If any Superintendent has not received one, the Editor will gladly furnish one on application.

The Hospitals which have no Training Schools in connection we have omitted from the list.

Any further information will be welcomed at any time, as the list, to be really valuable, must be up to date.

THE CANADIAN NURSE FUND.

The interest in this fund is growing. "The Canadian Nurse" for November, 1911, contained a report of the amount then in hand—\$23.50.

Subscriptions received since are as follows:—M. Ewing, Toronto, \$1; J. McNeil, Toronto, \$1; M. J. Kennedy, Victoria, B.C., \$1; L. L. Rogers, R.N., To-

ronto, \$1; Mrs. Saunders, Cobalt, \$2; Ella Baker, Telegraph Creek, B.C., \$4; A. A. Hawley, Fort à la Corne, Sask., \$4; A. Kennedy, Brandon, Manitoba, \$4.50; E. T. Trench, Montreal, \$1; Dr. MacMurchy, \$2; A. R. W. Moore, Telegraph Creek, B.C., \$4; M. Urquhart, Toronto, \$2.

It is encouraging to know that some Alumnae Associations are working to help this fund. One said:—"You will not hear from us till we have fifty dollars." Perseverance means success. We will reach our goal yet.

THE INTERNATIONAL COUNCIL OF NURSES AT COLOGNE.

This great world gathering of nurses bids fair to be the best yet held. The energetic and indefatigable President, Sister Agnes Karll, has left nothing undone that might make the week in Cologne more profitable and enjoyable. Those who have the privilege of taking part in this great triennial reunion are to be congratulated.

The British Journal of Nursing gives these details:—

"As the result of Sister Agnes Karll's visit to Cologne on Congress business, a most representative local committee has been organized. There are on it all the leaders of the different Women's Associations, the Medical Officers of the Municipal and Government Service, the head doctors of the Academy of Practical Medicine, and a large number of men and women of high social position in the city. As Sister Karll says, 'It was a tremendous bit of work to see them all, and it is just once in a human life one dares to do such a thing. I hope everything will go off well now. So that everyone can be invited, the Lord Mayor of Cologne has decided not to have an indoor fête in the Gürzenich, but that the Municipality shall entertain to a reception and concert in the Floral Town Gardens on Monday, 5th August, instead of Sunday, and that the Pageant and Conversazione shall be on Sunday, 4th, evening. All think this arrangement more becoming, as there is a wonderful organ in the Gürzenich, and the music can be suitable. They think it such an almost religious function that no one could object to attend it on Sunday.'"

"On the morning of the 5th the meeting of the International Council will be held in the same magnificent hall. Tuesday and Wednesday will be devoted to the Congress, and on Thursday the trip by steamer up the Rhine to Kaiserswerth, the cradle of Modern Nursing, will be made. Many of questions of interest, especially to the German nursing world, will be freely discussed, of which overwork is one of the most serious. Mrs. Bedford Fenwick will present the Report for Great Britain and Ireland in the International Council meeting. At the Congress Miss Mollett will deal with the Duties and Status of the Matron in the Training School. In Continental hospitals the Nursing Department is often under the superintendence of a Military Director. A paper on Nurses' Hours of Work and Routine will be presented from various countries by way of comparison, and the Trained Nurse and Social Service will be comprehensively given by Miss B. Kent, who for months has been in communication with all sources of information on this most important development. Miss H. Hawkins has got together information concerning Preliminary Training in this country, which will be internationally tabulated by Miss J. C. van Lanschot Hubrecht, of Holland, the Secretary of the International Education Committee of the International Council."

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service
 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

As the 11th of June, the birthday of our Guild comes round again, the following extract, written for the Anniversary Festival of the Guild some years ago, by the Chaplain-General, may be of interest.

After mentioning some of the service done by the Guild to its members he goes on to say:—"For this and much else that God has given us through the Guild let us thank Him. But our thoughts must not stop at the consideration of our gains. Every possession carried with it its duty, every privilege its obligation. . . . Thus and thus the Guild has helped me; how can I help the Guild? I will name now one only of our debts to the Guild, the first, both in dignity and order, the debt of personal faithfulness to its simple Rule. The Guild as a spiritual power is, on the human side of it, but the product of the characters and lives of its members. To be neutral is impossible, we make or unmake the body to which we belong; our faults disable and discredit it, our virtues add to its influence and prestige. It is a spiritual house, of growing use and beauty just in proportion as we, the individual stones which are being built into it, are spiritually fit. And the type of spiritual fitness is set for us in the Apostolic description of our holy Patron, 'a good man and full of the Holy Ghost and of faith.' (Acts 11: 24.)

"On the Feast of St. Barnabas, or on one day as near to the Feast as may be, we are to make our Communion 'for the intention of the Guild,' that is to say:

"1. As an act of thanksgiving for the gifts of God to the Guild during the past year.

"2. As an act of re-dedication of the Guild and of ourselves to the service of God and of those who suffer.

"3. As an act of supplication for His guidance, blessing, and protection through the coming year.

"God grant us all the grace of a good Communion, and many happy returns of the day."—*Misericordia.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Miss Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; Representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held on Wednesday, May 1st, at the Toronto Graduate Nurses' Club, 295 Sherbourne street. There were twelve members present.

There were fourteen applications laid before the Committee, all of which were from nurses in Hamilton. There were ten from the same city last month. This the Executive considered very encouraging, and the Hamilton nurses were congratulated on their enthusiasm and success.

The Treasurer reported \$440.38 in the bank.

The question of the financing of the Chapters was introduced, and it was decided that 50 per cent. of the fees received for April and May be returned to the Treasurer of the Chapters. This will be submitted to the annual meeting, which will decide the procedure for next year.

"Should the Chairman be a member of the Executive" was also discussed. The Executive was unanimous in thinking she should be. This will necessitate some changes in the by-laws, but these cannot now be made this year. Final arrangements for the annual meeting in Hamilton were made.

Members are reminded that fees for 1912-13 are now due.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscadden, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

Miss L. McLeod is enjoying a well-earned rest at her home in Guelph.

Miss G. Price has returned to the city to do private nursing, after having spent the last few months in Toronto.

The friends of Miss F. Torrey will be pleased to hear she is now convalescing after having recently undergone a serious operation.

Miss Griffin is taking a special course in Grace Hospital, Detroit.

Miss Dow has accepted the charge of a ward in the Women's Hospital, New York City.

Miss Liddy is visiting in Hamilton, but expects to return to Winnipeg by the end of May.

A tablet has been erected at the Nurses' Residence, City Hospital, by the Board of Governors, in memory of Mrs. Mary McLaren House, inscribed:—

"This tablet is placed in memory of Mary McLaren House, Superintendent of Nurses for many years in this Hospital, and as a tribute to her exemplary courage and sympathy in discharge of duty. MCMXII."



**THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR
GRADUATE NURSES, MONTREAL.**

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The regular monthly meeting of the Board of Directors of the C. N. A. was held in the reading room on May 6th. In the absence of Miss Phillips, Miss Colquhoun presided. Miss Colley and Miss De Brisay were appointed to represent the C. N. A. at the International Congress of Nurses in Cologne, and Miss Colquhoun will represent the Association in the interests of Registration at the Canadian Society of Superintendents of Training Schools for Nurses in Hamilton, May 23rd and 24th.

At the close of the meeting the Directors adjourned to the Castle Blend tea-rooms and enjoyed a social cup of tea together in honor of Miss Colley, who leaves with her sisters on June 1st for an extended trip abroad.

Miss Phillips, our President, has been detained at Watertown, N.Y., by the serious illness of her father.

Miss Rebecca Moffatt, who has been operated upon for appendicitis at the R. V. H., is, we are glad to report, recovering slowly.

Miss Fortescue, who has been elected to fill Miss Colley's position as Secretary, was also asked to take her place as representative to the Women's Local Council.

Miss Sara Fraser has gone to Richmond, P.Q., for a holiday.



CHIEF SUPERINTENDENT'S REPORT

(Continued from May)

Montreal, which is almost synonymous with expansion, again gives an excellent account of herself. And, in the report of that district, we have to mark increases in volume of work accomplished, expansion in kinds of work undertaken and in area covered, as well as a systematizing of the management of the district in its entirety. The staff has increased from 40 to 51 nurses. They attended 6,246 patients during the year and made 69,189 visits, an increase of 13,694 visits; 3,078 of these were night calls. There has been a process of consolidation going on in the districts; the thirteen have been grouped into five large ones, viz., Central, Point St. Charles, Maisonneuve, Westmount and Notre Dame de Grace. The clerical work some time ago was put in charge of an experienced stenographer, and it has been found necessary to give her an assistant. The school and tuberculosis work go on as usual. In the schools, more than twice the number of nurses are needed to cope with the work. In the eight Protestant schools inspected last year, 20,362 children were examined, and 2,151 home visits paid. One of the nurses during the year gave a course of lectures on First Aid to the staff and students of the School of Household Science and the Normal and Junior Schools at Macdonald College, Ste. Anne de Bellevue, and a similar course was given to the St. John's Ambulance Association at the Y. W. C. A. The work of the Order in connection with Child Welfare work is worthy of note. In conjunction with the Local Council of Women and the Foundling Hospital, the Victorian Order undertook the supplying of pure milk to sick and delicate babies, at the beginning of the summer. A number of milk stations were opened, with V. O. N. nurses in charge. The milk is prepared in the laboratory of the Montreal Foundling Hospital, the nurses distribute it at the stations, instruct the mothers and visit the babies in their homes. The results have been most gratifying. A very good feature of this work in Montreal is that now the work is kept up during the whole year, though the calls are not nearly so many in the fall and winter months as in the summer. Montreal is one of the Training Centres of the Order and a splendid course of lectures on the live subjects in the nursing world have been given by experts during the year. The city is preparing for a Child Welfare Exhibit during 1912, and everything is being done to keep our nurses posted on all of the important points

in connection with such a subject. The district nurse holds in her possession the means of acquiring first-hand definite information as to insanitary conditions, overcrowding, bad housing, etc., and for that reason district nurses are important factors in every campaign for a clean, healthy and happy people. The Montreal branch is looking to the future and have just purchased a larger central Home, which can accommodate twenty nurses.

The Grand Mere district had a very heavy year, owing to the typhoid epidemic, during which some five nurses were employed at one time on the district. The returns show that 3,428 visits were made during the year, as against 505 of last.

In the Maritime Provinces, the reports are all good. The St. John branch has increased its staff—employing three nurses—and a V. O. nurse is still employed by the Anti-Tuberculosis Association there.

In Halifax a good, steady advance in work and interest is to be noted. A fourth nurse has been added to the staff.

The rapid growth in Sydney—Sydney and Whitney Pier—was noted last year, and, this year, there is a still greater increase to report. During the year 1911, 344 patients were cared for, as against 158 in 1910, and 3,505 visits were paid, as against 1,774, an increase of almost 100 per cent.

Truro is doing well, as usual. Some 200 more visits were made than the year before and the Board are considering the question of starting school inspection there.

One word must be said about the insurance nursing. Two years ago some doubt was expressed as to the advisability of an organization like the Victorian Order taking up this work, but, judging from the results, there can no longer be any doubt about the wisdom of the Board of Governors in allowing this work to be undertaken by the local branches, many of which have taken it up and, in every case, the report has come in that the results have been satisfactory in every way. It has increased the Order's usefulness among the two large classes the Order was organized to care for, viz., the very poor and the people of moderate means.

That is the story for the year but, besides, we have learned much during the year as to the needs for nursing service of the people in various parts of the Dominion, and as to the best way to cope with these needs. And each year the wisdom of the Board of Governors in insisting on fully trained nurses for the varied branches of the V. O. activities is brought home to us, and not a little good has been done by the Order in influencing other countries in this particular.

Again, the Order emphasizes the fact that the best way to meet the needs of the people in the outlying parts of Canada for adequate nursing is to form local associations for this purpose in the large country districts. In the most central spot possible in each there will be a small nursing home, with accommodation for at least two nurses and one or two emergency patients, so that in each of these districts there may always be a bright, sweet, clean spot, where an accident or maternity case may be taken and receive skilled care. One nurse would look after the Home and the patients in the immediate neighborhood, while the second nurse would take the more distant cases. These Homes, dotted all over the prairies and in the rural districts throughout Canada, will be little

educational centres, as well as nursing centres, in which would be taught the simple truths of sanitation and hygiene, thus carrying out the preventive principle of the Order, in addition to its curative principle.

Once more we would thank the V. O. committees throughout the Dominion for their good work in their respective districts, for their appreciation of the nurses' services and for the manifold little kindnesses shown to them. We choose the nurses very carefully, and send them out to the various committees, sure that they will be kindly dealt with and encouraged at all times to hold themselves in loyalty to the Order whose representatives they are.

To our nurses we would again express our appreciation of their continued loyal service. Not a little has been demanded of them, and, with very few exceptions, we have found them loyal to the Order, ready to make sacrifices when necessary and fully realizing that on them depends much, for to them is entrusted the fair fame of the Victorian Order of Nurses.

All of which is respectfully submitted.

MARY ARD. MACKENZIE.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

Miss Carrie Miltin, Kingston, Ont., has gone to Stratheona, Alta., for a three months' holiday.

Miss O. Standish and Miss Fraser, Graduates of Vancouver General Hospital, are in charge of the Hospital at Merritt, B.C.

Miss Morris, one of the Staff Nurses of the General Hospital, Fernie, B.C., has gone to Melville, Sask., to be Superintendent of the Municipal Hospital in that hustling little town.

Mrs. Clode, who has been on the staff of the Woman's Hospital, New York, has accepted a position in South Highland's Infirmary, Birmingham, Alabama. Her duties begin on May 1st. Mrs. Clode's many Canadian friends wish her every success.

Miss Margaret Moag, Graduate of Kingston General Hospital, who has been Assistant Superintendent of the Tuberculosis Sanitarium, Detroit, has been appointed Superintendent of the "Sir Oliver Mowat" Tuberculosis Hospital at Kingston, Ont.

Miss E. G. Flawes, Graduate of Toronto General Hospital, who has for several years been Superintendent of the Butterworth Hospital, Grand Rapids, Michigan, has been appointed Superintendent of the new Wellesley Hospital, Toronto.

Miss C. McLennan, member of School Nursing Staff of Toronto, who recently suffered from a street car accident, has resumed her duties.

The Montreal General Hospital Alumnae Association was able to add \$1,200.00 to its Sick Benefit Fund as a result of the bazaar. The Association is to be congratulated on its success.

Miss Elizabeth C. Jamison, of Mount Holly, N.J., a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the Hotel Chamberlin, Old Point Comfort, Va.

Mrs. Effie R. Hatfield, of Lumberton, N.C., a Graduate of the Highsmith Hospital Training School for Nurses, Fayetteville, N.C., Post-Graduate New York Polyclinic Hospital, later Superintendent C. C. Hospital, Sanford, N.C., after completing the courses of instruction at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the Central Carolina Hospital, Sanford, N.C.

The Woman's Hospital Aid of Kincardine, held a most successful bazaar on Friday, April 12th, when \$200.00 was added to the treasury. The ladies of Kincardine and vicinity vied with each other in making the bazaar a success and they are to be congratulated on the result of their efforts.

Miss M. McColl and Miss Morrison, Graduates of the General Hospital, Sarnia, Ont., have completed the Post-Graduate Course at the Woman's Hospital, New York. Miss Morrison is Night Supervisor at Dr. Bull's Sanitorium, New York, and Miss McColl is doing private nursing in that city.

Miss Gallagher (Lady Stanley Institute) formerly in charge of the Jubilee Hospital, Vernon, B.C., has taken the post of Assistant Superintendent at the Vancouver General Hospital. It is rumored that Miss Gallagher will probably succeed Miss Macfarlane as Lady Superintendent of the V. G. H.

Miss Lillie Jones, one of the best-known nurses in Ontario, died at the Victoria Hospital, London, Ontario, on April 23rd. Miss Jones was formerly Matron at the London Hospital for the Insane, and, when taken ill last October, was employed at the Penetanguishene Asylum. She was a native of Terry, Mississippi, but had spent most of her life in Canada. Her reputation as a most capable nurse was won during twenty-two years in the Ontario Government service. In addition to London and Penetanguishene, she had held responsible positions at Brockville and Hamilton.—*The Globe*.

Miss Smith, Graduate of Royal Victoria Hospital, Montreal, is Lady Superintendent of the General Hospital, Calgary, Alta.

Miss Saunders, President of the Calgary Graduate Nurses' Association, has gone to Nova Scotia for a year. Miss Dewa, First Vice-President, is taking her place.

Mrs. H. E. Steward (née Miss Andrews), Vancouver, has been spending a month visiting her friends in Calgary.

The regular monthly meeting of the Kingston General Hospital Alumnae

Association was held Tuesday, April 2nd, at 3 p.m. At the close of the meeting the Graduating Class of 1912 were asked to spend a social hour with the members, when the President, Mrs. Crothers, gave a little talk on the work of the Alumnae, after which refreshments were served.

Miss Willoughby, Superintendent of Nurses of the Kingston General Hospital, has resigned her position and intends taking a course in the Military Hospital, Halifax.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital, Montreal, to the Graduating Class, was held on the evening of the 17th April, in the Nurses' Home of that institution, and was in every way most enjoyable. There were about eighty-five present, including the Graduating Class, which numbers thirty, and representatives of all the classes since 1896, when the first class graduated. The reunion of all these was very pleasant. A telegram was read from the Misses Wright and Drake, of the Rockford Hospital, Illinois, and a message from Miss Domville, of Rothesay, N.B., and many far distant, we are sure, thought lovingly of the old R. V. H. and those gathered there that night. The toasts were given as follows: "The King," Miss Grant; "The Governors," Miss Archibald; "The Doctors," Miss Cole; and "Absent Friends," in a very delightful speech by Mrs. Stanley. Everyone was so very glad to have Miss Gilmour present, as it is some time since she has been able to be at this dinner, she gave the toast to the Graduating Class in a very happy speech. The decorations in the dining room were daisies and smilax, which looked very springlike and pretty. After the dinner an hour was spent in dancing and pleasant chat in the sitting room of the Home, and every Graduate and the ones who are soon to be graduates, felt that they had one more pleasant memory to add to those they already have of their Alma Mater.

The last meeting of the Alumnae Association of the Royal Victoria Hospital for the season of 1911 and 1912, was held on the evening of April 24th. The meeting was informal and given over to the discussion of business of various kinds. The idea was spoken of and received by those present with enthusiasm, that each member try to raise during the summer the sum of five dollars towards the Sick Benefit Fund. A resolution of sympathy with two of the members, Miss Prescott and Miss Gladwin, in the loss which they have both lately met with by the death of their mothers, was moved and seconded, and the Secretary requested to send copies of the same to them. A motion was also passed expressing regret at the tragic death of one of the Governors of the Hospital, Mr. C. M. Hays, who went down with the ill-fated Titanic; a resolution of sympathy was sent to Mrs. Hays.

The Graduate Nurses' Association of New Westminster, B.C., gave a most enjoyable dance on Primrose Day, April 19th. The evening was a great success. The proceeds go towards the Fund for Registration of Nurses in British Columbia. The Association, which is not much more than a month old, is to be congratulated on the enterprise and activity of its members.

Miss A. Macfarlane, Lady Superintendent of the Vancouver General Hospital, has resigned, the resignation to take effect on the 31st of May. To those

who trained under and worked with her, it will seem impossible to fill her place. She will be very greatly missed by all "her girls."

St. Catharines, Ont.—The regular monthly meeting of the Alumnae Association of the Mack Training School, St. Catharines, was held at the Nurses' Residence on Wednesday, May 1st. The President, Miss Tuck, presided. There was a good attendance. One hundred and twenty-five dollars was voted to furnish a room in the new hospital.

Miss G. M. Elliott, Graduate of the Mack Training School, has accepted the position of Night Supervisor in the Memorial Hospital, New York.

Miss Margaret Hughes has returned to Helena, Montana, after spending two months in Chicago.

Miss Sweet has accepted a hospital position in St. Louis.

Miss Albright has returned to her work in St. Catharines, after spending the winter in Tennessee.

Miss La Rue is taking a four months' course in Mount Sinai Hospital, New York.

The annual meeting of the Montreal General Hospital Alumnae Association was held on April 12th, 1912. The following officers were elected:

President, Miss Ethel Brown; First Vice-President, Miss F. M. Shaw; Second Vice-President, Miss K. H. Brock; Recording Secretary, Miss Strumm; Corresponding Secretary, Miss Lee; Treasurer, Miss Tedford; Executive Committee, The Misses Young, Louise Stewart, Watling, Jean Wilson and Ketchen; Registrar, Miss M. V. Young.

Miss F. M. Shaw, R.N., M.G.H., has gone to Ste. Agathe, Que., for the summer.

Miss Day and Miss Kate Wilson, M.G.H., have gone to their homes in Scotland for the summer.

Miss E. A. J. Wilson, M.G.H., has returned to Montreal after an absence of several years.

The Victoria Nurses' Club gave its annual ball in the Alexandra Club on Tuesday evening, April 23rd, when the spacious ballroom was crowded with nearly four hundred guests. The fact that this was the first dance held after Easter, combined with the splendid reputation of the nurses as hostesses, assured the success of the function. The music was in the able hands of Miss Thain, who, assisted by a large orchestra, played a number of the most popular dance tunes in her customary manner, while the smoothly-polished floor left nothing to be desired. The members of the Nurses' Club were distinguished by the badge of the club worn on their arm. The supper room was beautifully arranged with masses of wild lilies and daffodils, the decorations having been in the artistic hands of Mrs. Charles E. Wilson. The following ladies formed the Floor Committee: Miss E. H. Jones, President of the Nurses' Club; Miss Macnaughton Jones, Miss Clarke, Miss Turner and Miss Morrison; while the Refreshment Committee consisted of Miss Goward, Mrs. Graham, Miss Campbell and Miss Monat.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held in the new Hospital building at 3.30 p.m., Friday, May

3rd, the President in the chair. There was a good attendance. After the routine business. Dr. Carveth gave a short lecture on "Germs," afterwards taking the nurses to see some of the cases which illustrated his lecture. Miss Cooper was appointed as Delegate to the Convention in Hamilton on May 24th. Tea was served and the meeting adjourned.

The regular monthly meeting of the Heather Club was held in the Residence, Hospital for Sick Children, on Tuesday, April 16th, at 3.30 p.m., the President, Mrs. Clutterbuck, in the chair. For the benefit of new members the object of the club was explained and future work discussed. Miss Brent gave a very interesting address on the work, past and present, the need of more social service workers and the definite need of a winter home for the children. Through the kindness and generosity of Mr. Robertson and Miss Brent the Heather Club has been relieved of the care of the Pavilion at the Island during the summer.

The monthly meeting of the Florence Nightingale Association, Toronto, was held at the Graduate Nurses' Club, 295 Sherbourne street, on Tuesday, May 7th. The President, Miss McKenzie, presided. Mrs. Beale gave an interesting address on "The Nurse's Work From the Patient's Standpoint." At the close Miss Urquhart entertained the members to tea. The next meeting will be held on Tuesday, June 4th, at 8 p.m.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held in the Nurses' Residence, on Friday, May 3rd, at 3.30 p.m. Miss Christie, First Vice-President, presided. It was decided that the entertainment for the Graduating Class would take the form of a picnic this year. Final arrangements were left in the hands of the Executive Committee. The members had the privilege of listening to a most interesting address by Miss Holman, R.N., Social Service Worker of the Hospital. The great need of this work was clearly shown, as Miss Holman told of what she had been able to accomplish and of the possibilities of the work as it grows. The address was much appreciated by those present, the only regret being that there were not more to hear it.

Fort William, Ont.—The regular meeting of the Graduate Nurses' Association of Thunder Bay District, for April, was held at the home of Miss Maclean, Port Arthur. It was entirely social and was much enjoyed.

The May meeting was held at the Nurses' Residence of the McKellar Hospital, Fort William. The attendance was not good owing to bad weather and stress of work.

Miss O'Shaughnessy resigned her position as Treasurer and Miss Guiry was appointed in her place.

Mrs. Williamson has returned from Sydney, N.S., where she spent the winter.

Nicola Valley General Hospital, Merritt, B.C., was officially opened on April 30th, by the Hon. H. E. Young, Provincial Secretary.

Mr. Alexander Lucas, member of the Provincial Assembly for the Yale riding, was also present and took a prominent part in the proceedings.

On arriving at the Hospital the guests were received on the verandah by Dr. Williams, the Medical Superintendent, and Miss Standish, the Matron, and a cursory inspection of the interior was made. On his return to the balcony, Mayor Reid publicly welcomed the Hon. Dr. Young to the city.

Giving as it did notice of a Provincial grant of \$1,000 to the Ladies' Auxiliary of the Hospital, the reply of Dr. Young was received with great enthusiasm.

Winnipeg.—The annual meeting of the Manitoba Association of Graduate Nurses was held in the Nurses' Home of the Winnipeg General Hospital, March 26th, at 4 p.m. After the routine business the election of officers took place and resulted as follows:—President, Mrs. K. A. Cotter; First Vice-President, Mrs. Hugh McKay; Second Vice-President, Miss Bowman, Portage la Prairie; Recording Secretary, Mrs. Willard Hill; Corresponding Secretary, Miss B. Andrews; Treasurer, Miss Alice Andrew. The year has been fairly satisfactory and ends with forty-eight members in good standing. Expenditure, \$25.95; cash in bank, \$67.80.

It was decided to make the May meeting a social one, as this will be the last until September.

The annual meeting of the Winnipeg, General Hospital Nurses' Alumnae Association took place in the drawing room of the Nurses' Home, May 1st, 3.30 p.m. After the usual business the balloting for officers for the coming year took place with Miss Gent and Miss Attrill acting as scrutineers. Miss Wilson, Lady Superintendent, W.G.H. is Honorary President; Miss Hood, was re-elected President by acclamation; First Vice-President, Miss Jean Matheson; Second Vice-President, Miss May Montgomery; Secretary, Miss M. F. Gray; Treasurer, Miss A. M. Forest; Convener Social Committee, Mrs. Bruce Hill; Convener Lookout Committee, Miss Minnie Frost; Convener Sick Visiting Committee, Mrs. A. T. Hawley; Registry Committee, Miss Hood, Miss Lamont, Miss Gilroy. Miss Bertha Andrews was reappointed Registrar for the coming year.

The year was voted the most successful in the history of the Association. The meeting adjourned to the library for refreshments and a very social half-hour was spent.

Miss Eaton, who has been Lady Superintendent of Ninette Sanatorium for some time, resigned to take charge of the City Tuberculosis Hospital for Incipient Cases.

Miss Fanny Walker, W.G.H., Class '07, has gone to Ressington, Indiana, to visit her parents.

Miss Struthers, Class '09, W.G.H., has given up her position in the Hospital at Trail, B.C., and intends doing private nursing in Vancouver.

Miss Gilroy has been appointed assistant to Miss Bradshaw in the Social Service Department of the Winnipeg General Hospital.

Miss Rathbone, the pioneer Anti-Tuberculosis Nurse of Winnipeg, has resigned her position as Head Nurse of the Anti-Tuberculosis Society, and after a well earned rest with friends in Virden, will take the position of Lady Superintendent at Ninette Sanatorium.

Miss Louise Newcombe, W.G.H., Class '11, has been appointed Miss Rathbone's successor.

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Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Naheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

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ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's
College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med.
Coll.)

LOUIS H. A. VON COTZTHAUSEN, Ph.G., M.D.
(Grad. Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopaedic Institute.)

MAX J. WALTER, M.D. (Univ. of Penna., Royal
Univ.-Breslau, Germany, and Lecturer to
St. Joseph's, St. Mary's, Mount Sinai and W.
Phila-Hospital for Women, Cooper Hospital,
etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
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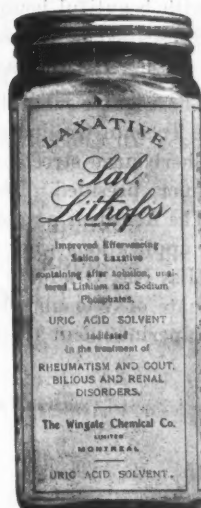
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Miss Morrice, Head Nurse, Fernie Hospital, has resigned to take the position of Lady Superintendent in Melville, Sask.

Miss Isabel Gauld has returned to the city after a visit to her sister in Watrous, Sask.

Miss Jean Matheson is at present in San Antonio, Texas.

Miss Victoria Winslow resigned her position in the City Scarlet Fever Hospital, and has gone to Medicine Hat to fill the Lady Superintendent's position in the Hospital there.

Miss M. C. Stephens is filling the position vacated by Miss Winslow.

Miss Spooner and Miss Davis are leaving Winnipeg for Vancouver, B.C.

Niagara Falls, Ont., is to have a new Hospital to cost \$30,000, which will be modern in every detail of arrangement and equipment. The building is to be completed by next spring.

The General Hospital, Orillia, will hold its third Graduation Exercises on Friday, May 10th.

The first Graduating Exercises of the General Hospital, Kincardine, Ont., were held on the evening of May 8th, when three nurses received medals and diplomas—Misses McGaw, McCreath and Raecraft. Mr. E. Miller, President of the Hospital Board, presided. Other addresses were given by Rev. Mr. Davis, Rev. H. A. Wright, Rev. Mr. McArthur, and Dr. Kennedy, of Wingham. Dr. McCrimmon addressed the Graduates. Miss Gibson also addressed the nurses and those employing nurses, closing her very neat address by awarding the medals.

The diplomas were presented by Lieut.-Col. Hugh Clark, late President of the Hospital Board. Miss Rinker contributed a piano solo and Miss Bartlett a recitation, "Leetle Bateese." Mrs. McCrimmon, on behalf of the Ladies' Auxiliary, presented the Graduate Nurses, and Miss Shewfelt, nurse in training, with beautiful bouquets.

Subsequently refreshments were served in the banquetting room and an event of more than usual importance was over.—*Kincardine Review*.

The regular monthly meeting of the Central Registry Committee was held at the Toronto Graduate Nurses' Club (now the home of the Central Registry), 295 Sherbourne street, on Wednesday, May 8th, at 3 p.m. Miss Ferguson, the Convener, presided. There were nine members present.

The Registrar's report showed 279 calls for April, and \$1,803.87 in the bank. Four applications were considered and accepted, making a membership of 407.

Miss Nie, Graduate of Amasa Wood Hospital, St. Thomas, Ont., and Post-Graduate of Woman's Hospital, New York, has accepted the position of Assistant Superintendent of the Lady Minto Hospital, New Liskeard, Ont.

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GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss DeVellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.

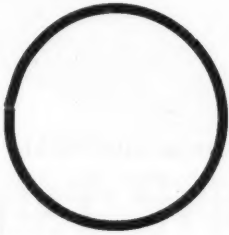
Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Weyer, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

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Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 105 Roxborough St. E.; Corresponding Secretary, Miss Teeter, 498 Dovercourt Rd.; Treasurer, Miss Charters, 425 Carlton St.

Directors—Miss E. Jamieson, Miss Goodall, Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Pringle, VanEvery, R.N.; Hunter, Hoyt, Hebu, Mrs. Valentine, and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

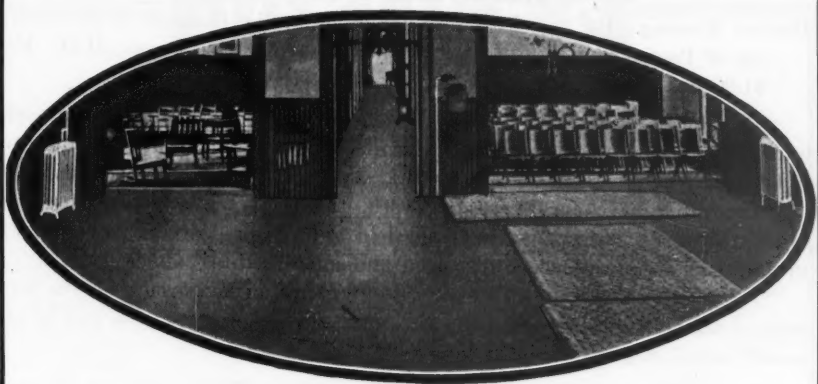
Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.



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District Nursing. By Mabel Jacques, Graduate of the Hospital of the University of Pennsylvania, with an introduction by John H. Pryor, M.D. Price, \$1.00 net. The Macmillan Company of Canada, Ltd., Toronto.

Miss Jacques has given a brief but interesting history of this very important branch of nursing, and this makes a valuable contribution to nursing literature. A District Nurse herself for seven years, she knows whereof she speaks.

The rapid development of the work, the necessary qualifications of the successful worker, as well as the broad field to be covered are clearly dealt with. Problems of organization are discussed and much helpful advice given.

The nurse who, prompted by "the desire to aid in the crusade for the betterment of humanity" wishes to enter this great field of work will do well to make herself acquainted with this volume.

Lessons on Massage. By Margaret D. Palmer, formerly Masseuse and Manager of the Massage Department of the London Hospital, and Instructor of Massage to the Nursing Staff; a Founder of and Examiner to the Incorporated Society of Trained Masseurs. Fourth Edition. Price, 7/6 net. Ballière, Tindall & Cox, 8 Henrietta Street, Covent Garden, London, publishers.

The writer has here, as the title indicates, published her lessons in book form, with a view to giving the pupil a valuable text-book and, later, a handy book of reference.

The first chapter contains a Short History of Massage, dating back to 3000 B.C. The second deals with the Theory of Massage, which the student must thoroughly grasp in order to do intelligent, successful work. The whole subject is carefully and minutely explained in this book of 292 pages. There are 118 illustrations, including two colored plates.

The Magic Garden. Stories for Children at Home and at School. By Alice M. Chesterton. This book belongs to the Moral Instruction Series issued and recommended by the Moral Education League, 6 York Buildings, Adelphi, London, W.C., England. 1/6 net.

"Character training is an important part of the education of the modern child." The stories in this book are intended for children of nine and ten years of age, and the idea of talking flowers, used throughout, presents the truth to be taught in a way that is interesting to children. Some of the themes in the twenty-eight chapters are manners, humaneness, justice, truthfulness, courage, order, perseverance, etc.

Teachers and others dealing with children will find this book helpful and practical. Those wishing further information about the books of the series should write to the Secretary Moral Education League, 6 York Buildings, Adelphi, London, W.C., England.

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Hospital—Children's Hospital, Halifax.

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Superintendent of Hospital and Nurses—F. M. Fraser, R.N.

Number of Beds—Twenty-six.

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Pupil Nurses—Three.

Term of Training—Three years.

Branches of Training—Medical and Surgical.

Hospital—Nova Scotia Hospital, Dartmouth.

Established—1854. Registered—1860.

Superintendent of Hospital—Dr. W. H. Hattie.

Superintendent of Nurses—Harriet Sampson.

Graduate Nurses on Staff—Ten.

Number of Beds—Four hundred and twenty.

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Branches of Training—Medical, Surgical, Care of Insane.

Hospital—Halifax Infirmary, Barrington Street, Halifax.

Established—1908.

Superintendent of Hospital and Nurses—Sister Francis Joseph.

Number of Beds—Thirty-five.

Graduate Nurses on Staff—Three.

Pupil Nurses—Nine.

Term of Training—Three years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—St. Joseph's Hospital, Glace Bay.

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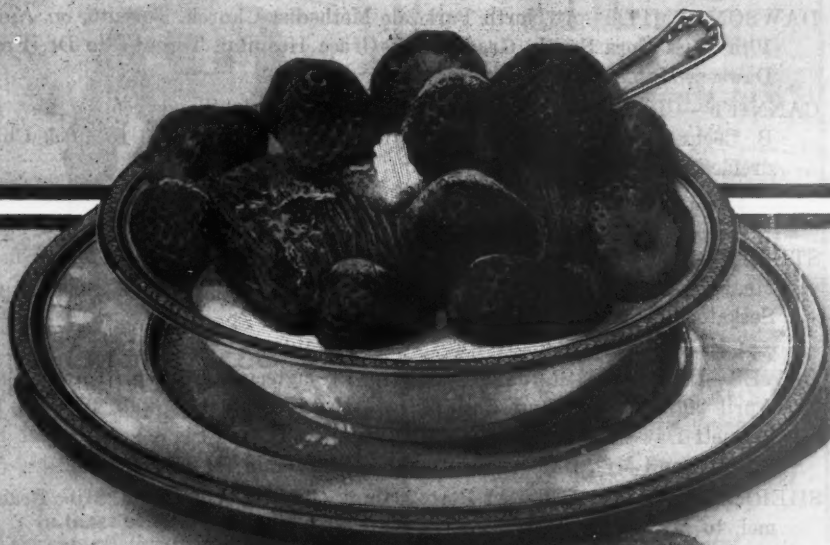
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MARRIAGES.

BLACKWOOD—PARKES—At Christ Church, Vancouver, B.C., Miss Parkes, Graduate of the Middlesex Hospital, England, to Mr. Blackwood, of Armstrong, B.C.

DAWSON—SMITH—At North Parkdale Methodist Church, Toronto, on April 10th, Miss Nora Smith, Graduate of Grace Hospital, Toronto, to Dr. Fred Dawson, Maple Creek, Sask.

CANNIFF—CLARK—On April 3rd, in Knox Church, Woodstock, by Rev. R. B. Cochrane, Miss Alberta Clark, Graduate of the Hospital for Sick Children, Toronto, to Mr. H. F. Canniff, Toronto.

Mr. and Mrs. Canniff will reside at the Northern Apartments, 755 Yonge street, Toronto.

STEPANY—MEARS—In Bellefair Methodist Church, on April 20th, Susie Mears, Class '04, Riverdale Hospital, Toronto, to William Stepany, of Saskatoon.

Mr. and Mrs. Stepany will live in Saskatoon.

DAWES—LASH—In St. James' Square Presbyterian Church, Toronto, on April 20th, Stella Maud Lash, Class '04 Riverdale Hospital, Toronto, to Bennett Dawes, of Montreal.

Mr. and Mrs. Dawes sailed on the Mauretania for England.

SHERRATT—BRAMMEL—At Port Arthur, Ont., on April 24th, Miss Brammel, to Mr. S. Sherratt.

Mr. and Mrs. Sherratt will reside in Fort William.

PREPARE THE BABIES FOR HOT WEATHER.

During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire *Materia Medica* there can be found no direct hematologic quite as suitable for infants and young children as Pepto-Mangan (Gude). In

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Every lady having the care of an invalid, will learn much that is valuable to know from the new booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of invalid recipes, prepared to relieve the monotony of invalid diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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SPRING CLASSES IN MECHANO-THERAPY.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green street, Philadelphia, Pa., wishes to announce the opening of the Summer Classes on July 9th. This institution has been engaged in teaching scientific Mechano-Therapy since over twelve years, and has established in this time a record unequalled by any other school in this line in this country. Scientific Mechano-Therapy has to-day become a necessary branch to scientific medicine. The instruction is thoroughly practical and theoretical. We have over eight hundred graduates in the United States and Canada in well-paying positions who can testify to the efficiency of our courses. Quite a number of these have taken instruction along these lines at other similar institutions and have frequently gladly testified to the superiority of our instruction. More than ten thousand mechanical treatments are given at this institution every year, besides the large number of hospitals to which our students are sent to assist in the mechanical departments assures the students large practical experience. We have placed a large number of our graduates in well-paying institutional positions or have advised them about the proper places to establish a lucrative practice. Anyone interested in Physiological Therapeutics is advised to write to the above institution for further information.

CONVALESCENCE FROM THE EXANTHEMATA.

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice, of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well known, however, that in all but the mildest cases, the adolescent subject of scarlatina, or measles, is usually more or less debilitated or devitalized, when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the child's digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue and promptly efficient in restoring appetite, strength, color and general well-being.